

STATE OF TENNESSEE  
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
DIVISION OF EMPLOYMENT SECURITY  
**SEPARATION NOTICE**



1. Employee's Name: Shawna Curtis 2. SSN [REDACTED]  
*First Middle Initial Last*  
3. Last Employed: From: 01/14/19 to 03/17/20 Occupation: Case Manager  
4. Where was work performed? Trousdale Turner Correctional Center  
5. Reason for Separation: ☐ Lack of Work ☒ Discharge ☐ Quit  
If lack of work, indicate if layoff is ☐ Permanent ☐ Temporary  
If temporary, when do you expect to recall this individual? \_\_\_\_\_  
Date  
If other than lack of work, explain the circumstances of this separation:

Leave-Max Leave Expired

6. Employee received: ☐ Wages in Lieu of Notice ☐ Separation Pay ☐ Vacation Pay  
In the amount of \$ \_\_\_\_\_ for period from \_\_\_\_\_ to \_\_\_\_\_

Employer's  
Name: Trousdale Turner Correctional Center

Address where additional information may be obtained:  
140 Macon Way

*(Street or RFD)*

City: Hartsville State: TN Zip Code: 37074

Employer's  
Telephone Number: (615) 808-0400 [REDACTED]  
*(Area Code) (Number) (Ext)*

Employer's E-Mail [REDACTED]  
Address \_\_\_\_\_

**EMPLOYER'S ACCOUNT NUMBER**

479331

*(Number shown on State Quarterly Wage Report (LB-0851) and  
Premium Report (LB-0456))*

I certify that the above worker has been separated from work and  
the information furnished hereon is true and correct. This report  
has been handed to or mailed to the worker.

*Reaches Poole*  
*Signature of Official or Representative of the Employer  
who has first-hand knowledge of the separation.*

**NOTICE TO EMPLOYER**

Within 24 hours of the time of separation, you are  
required by Rule 0560-1-1-02 of the Tennessee  
Employment Security Law to provide the employee with  
this document, properly executed, giving the reasons  
for separation. If you subsequently receive a request  
for the same information on LB-0810, please give  
complete information in your response.

Manager, Human Resources

*Title of Person Signing*

03/17/20

*Date Completed and Released to Employee*

**NOTICE TO EMPLOYEE**

IF YOU ARE FILING A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS BY TELEPHONE OR INTERNET YOU MAY BE  
INSTRUCTED TO MAIL OR FAX THE SEPARATION NOTICE TO THE TENNESSEE CLAIM CENTER. IF YOU ARE FILING A  
CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS IN-PERSON PLEASE TAKE THIS NOTICE TO THE LABOR AND  
WORKFORCE DEVELOPMENT OFFICE.

LB-0489(R.5/06)

RDA N/A

**EXHIBIT A**